

Executive Summary

What is the Critical Health Indicators report?

The Critical Health Indicators report paints a compelling portrait of Michigan's health and well-being and establishes a method for monitoring improvement. It is made up of 25 indicators that directly or indirectly measure the health of Michigan residents. The data reported in this document are based on numbers provided by state and federal sources. Links to state resources have been established to assist the reader interested in more detailed information.

Between January 1, 1979 and December 31, 1998, the underlying causes of death were classified in accordance with the Ninth Revision of the International Classification of Diseases (ICD-9), a coding structure developed by the World Health Organization. Starting January 1, 1999, causes of death were classified using the Tenth Revision of the International Classification of Diseases (ICD-10). With each revision there are differences in classifying the underlying cause of death. Therefore, health statistics based on one revision are not directly comparable to the other revision without the use of comparability ratios.

Critical Health Indicators are organized into two interrelated components: focused indicators and vital statistics indicators. Focused indicators are sensitive in the short-term and reflect behavior choices, healthcare access, and quality issues. Data collected on these indicators can serve as benchmarks and measure progress toward improving the state's health.

The vital statistics indicators represent a group of outcomes that vary minimally over the short term, but can provide a framework for describing the health status of the state. These indicators provide information on the leading causes of death and premature mortality. Although death is the most severe outcome of disease or injury, it represents only a fraction of the disease burden for Michigan. Nevertheless, focusing on mortality data helps to identify opportunities for interventions to improve the health of Michigan's residents, particularly where deaths are premature or preventable.

The report examines each indicator, providing 10 years of data when available. Trend data are plotted on graphs to illustrate the annual changes. By considering past trends, state and local health agencies can plan more appropriately for the future. The document also provides a state map for most indicators, ranking each county compared to the state, based on a three-year average rate. This graphic illustration of county ranking serves as a tool, and allows communities and local health agencies to compare their county or counties to others on selected critical health indicators.

Overall, the report supports policymaking and program planning by stressing the importance of using outcome indicators to measure health status improvement.

What does the Critical Health Indicators tell us about Michigan's health?

In general, the health of Michigan's population is improving. Most of the indicators, including: number of abortions, heart disease deaths, cancer deaths, pneumonia and influenza deaths, infant mortality and teen pregnancy, immunization rates, and AIDS deaths have experienced a marked

improvement over the past 10 years. Deaths such as those due to homicides and suicides have also decreased over the years. Similarly deaths due to stroke and chronic liver disease and cirrhosis have shown slight improvement while the prevalence of cigarette smoking and unintentional injury deaths have remained steady over the same time frame.

Relatively few indicators reported showed movement in the wrong direction including chronic lower respiratory disease deaths, diabetes-related deaths, kidney disease death, and the prevalence of overweight/obese adults.

While the overall health of Michigan appears to be improving, there are noticeable racial and gender disparities within many of the indicators reported. Minority populations and males were shown to have an increased risk of death in many of the mortality indicators reported. Chronic lower respiratory disease and suicides indicated that whites had a higher death rate than other minority populations.

For specific indicators reflecting women of childbearing age, the age of the female appeared to be a strong influence on the status of the indicator. Teenage pregnancy rates have steadily decreased over the trend period; however, women under the age of 20 were least likely to receive adequate prenatal care. Furthermore, the rate of death to infants born to teenage mothers was greater than mothers aged 20 and older.

The health of Michigan has shown improvement over the past decade in many areas. However, challenges still exist as an increasing demand for public health services continues to compete within an uncertain financial environment. This document provides information on many state initiatives currently working towards improving of the health of local communities and the State of Michigan. It portrays an opportunity for developing partnerships and collaborating with local and state organizations to achieve the crucial goal of enhancing health status. Working together provides a strong base of support for the continued improvement of Michigan's health.

Last Updated: August 2003.